

Appendix 2

Wisconsin Medicaid Covered Drugs

Covered Drugs — Legend Drugs

Wisconsin Medicaid uses an open formulary for legend drugs with few restrictions. Restrictions include drugs which require prior authorization (PA), diagnosis-restricted drugs, noncovered manufacturer drugs, less-than-effective (LTE) drugs, and negative formulary drugs.

Covered Drugs — Over-the-Counter Drugs

General over-the-counter (OTC) categories are:

<ul style="list-style-type: none"> • Analgesics — Oral/Rectal.¹ • Antacids. • Antibiotic Ointments. • Antifungals-Topical. • Antifungals-Vaginal. • Bismuth Subsalicylate. • Capsaicin. 	<ul style="list-style-type: none"> • Contraceptive Supplies. • Cough Syrups.² • Diphenhydramine. • Ferrous Gluconate/Sulfate for pregnant women (and for a 60-day period beyond the end of the pregnancy). 	<ul style="list-style-type: none"> • Hydrocortisone Products — Topical. • Insulin. • Lice Control Products. • Meclizine. • Ophthalmic Lubricants. 	<ul style="list-style-type: none"> • Pinworm Treatment Products. • Pseudoephedrine. • Pyridoxine Tablets. • Therapeutic Oral Electrolyte Replacement Solutions.
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Note: Coverage is limited to generic drugs for most covered OTC drugs [excluding the OTC product categories of insulin, ophthalmic lubricants, and contraceptive supplies]. Some products in these categories are not covered because the manufacturer did not sign a rebate agreement. Examples of noncovered brand name products include Advil, Ascriptin, Clear Tears, Ecotrin, Lyteers, Maalox, Mylanta, Neo Tears, Riopan, Robitussin, Roloids, Titralac, and Tylenol.

¹ Limited to single entity aspirin, acetaminophen, ibuprofen products only. These analgesics are in the daily rate for nursing facility recipients.

² Covered “cough syrups” are limited to products for treatment of coughs only. Covered products include those containing a single component (terpin hydrate or guaifenesin), a single cough suppressant (codeine or dextromethorphan), or a combination of an expectorant and cough suppressant. Multiple ingredient cough/cold combination products are noncovered.

Covered Drugs — Over-the-Counter Drugs (HealthCheck “Other Services”)

Effective with dates of service beginning January 1, 1994, the following drug categories are covered through HealthCheck “Other Services” without PA but with verification that a comprehensive HealthCheck screen occurred within the last 365 days. HealthCheck is a preventive health care program for children under the age of 21. Refer to the HealthCheck “Other Services” Drug List in the **Pharmacy Data Tables section** of this handbook for a full list of covered drugs.

<ul style="list-style-type: none"> • Anti-Diarrheals. • Iron Supplements. 	<ul style="list-style-type: none"> • Lactase Products. • Laxatives. 	<ul style="list-style-type: none"> • Multivitamins. 	<ul style="list-style-type: none"> • Topical Protectants.
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Covered Non-Rebated Drugs — Prior Authorization Required

These drugs require PA because the manufacturer did not sign a rebate agreement. Prescribers are requested to provide a statement regarding the nature of the medical need for these specific brand drugs, as well as a statement which asserts that failure to cover the drug will result in costs to Wisconsin Medicaid which exceed the cost of the drug. This list may change if the manufacturer signs a rebate agreement. Generic equivalents of these drugs are not included in this requirement and may be billed without PA if the generic manufacturer has signed a rebate agreement.

<ul style="list-style-type: none"> • Dalmane. • Libritabs. 	<ul style="list-style-type: none"> • Librium. • Melanex. 	<ul style="list-style-type: none"> • Menrium. • Quarzan. 	<ul style="list-style-type: none"> • Rimso 50. • Valium.
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Appendix 2 continued

Covered Rebated Drug Categories — Prior Authorization Required

These drug categories are produced by manufacturers who have signed rebate agreements but PA is required to determine medical necessity. Diagnosis and information regarding the medical requirements for these drug categories must be provided on the PA request.*

Paper PA Submission

• Enteral Nutritional Products.	• Fertility Enhancement Drugs (when used to treat conditions other than infertility).	• Human Growth Hormone.	• Treatment for Kaposi's Sarcoma Lesions.
• Unlisted/Investigational Drugs.		• Impotence Treatment Drugs (when used for a condition other than impotence).	

Specialized Transmission Approval Technology-Prior Authorization (STAT-PA)

• Brand name histamine 2 antagonists.	• Proton-Pump Inhibitors (when requested for use outside of approved diagnosis ranges).	• Alpha-1-Proteinase Inhibitor.	• Certain ACE Inhibitors: √ Accupril. √ Altace. √ Lotensin. √ Monopril. √ Prinivil. √ Zestril.
• Weight Loss Agents.	• C-III and C-IV Stimulants (excludes Mazindol).	• Brand name non-steroidal anti-inflammatory drugs (NSAIDs).	

Covered Rebated Drugs — Diagnosis-Restricted Drugs

Reimbursement for these drugs and drug categories is restricted by a valid diagnosis code. See **Appendix 3** of this section for a list of acceptable diagnosis codes for each drug. These drugs require PA when prescribed for a diagnosis outside the approved diagnosis ranges. Submit paper PA requests for diagnosis-restricted drugs when prescribed for a diagnosis outside the approved diagnosis ranges. Prior authorization for proton-pump inhibitors outside the approved diagnosis may be obtained through STAT-PA or paper PA requests*.

• Alglucerase. • Anti-H. Pylori Treatment. • Cerezyme. • Colony Stimulating Factors.	• Epoetin Alfa. • Interferon Alpha (all groups). • Interferon Beta 1a (Avonex).	• Interferon Beta 1b (Betaseron). • Legend Smoking Cessation Products (OTC products not covered).	• Mupirocin. • Muromonab and other monoclonal antibodies. • Prenatal vitamins. • Proton-pump inhibitors.
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Appendix 2

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**Note:* Prior authorization requests can either be mailed to Wisconsin Medicaid or sent via fax. Use the address and fax number below:

Wisconsin Medicaid
Prior Authorization Unit
Suite 88
6406 Bridge Road
Madison, WI 53784-0088
Fax: (608) 221-8616

Refer to the Prior Authorization section of this handbook for further information on PA requests.